REQUEST for TASK ORDER PROPOSAL

1. BASE CONTRACT No.: HHSN272

 TASK ORDER: 2720

 MIS TASK ORDER NUMBER: taskordernumber

B. SOURCE LIST:

sourcelist

C. SOURCE JUSTIFICATION: sourcejustification

D. CONTRACT TITLE: contracttitle

E. TITLE OF TASK ORDER: taskordertitle

F. NAME OF CONTRACTING OFFICER'S topoheader Telephone:

 REPRESENTATIVE:

G. NAME OF CONTRACT SPECIALIST: csheader Telephone:

|  |
| --- |
| H. FUNDING |
| 2. Funding of This Order |
|  |
|  |  | Dates |
| Period | Amount | From | To |
|  |  | Mo/Yr | Mo/Yr |
| Base Award |  |  |  |
| Option 1 |  |  |  |
| Option 2 |  |  |  |
| Option 3 |  |  |  |
| Option 4 |  |  |  |
| Option 5 |  |  |  |
| Option 6 |  |  |  |
| Total Amount |  |  |  |

I. PROVIDE ANY OTHER FINANCIAL INFORMATION AS MAY BE NECESSARY TO EXPLAIN PROPOSED ACTION

 (Allocation of funds, use of options, etc.)

J. BRIEF DESCRIPTION OF TASK ORDER:

taskorderdesc

K. ATTACHMENTS (Check as necessary)

[x]  Justification for Other than Full and Open Competition (JOFOC)

[x]  Statement of Work

[ ]  Reporting Requirements and Deliverables

[x]  Independent Government Cost Estimate

[ ]  Technical Evaluation Criteria

[x]  Proposal Submission Instructions and Assumptions

L. DETERMINATIONS AND CLEARANCES APPLICABLE TO THIS ACTION:

To be completed in conjunction with the Contract Specialist. The Contracting Officer must

ensure that all required determinations and clearances are satisfied at the appropriate stage of the acquisition process.

[x]  Determination and Finding - Options

[ ]  Information Technology System Security
[ ]  Advisory and Assistance Service
[ ]  Evaluation Project (set-aside funds)
[ ]  Commercial Activities (A-76)
[ ]  Paid Advertising

[x]  Printing

[ ]  Paperwork Reduction Act (OMB Clearance for Questionnaires)

[ ]  Contracts with Federal Employees

[ ]  Audiovisual Materials/Public Affairs Services/Publications/Periodicals/Exhibits

[ ]  EEO If over $10,000,000)

[ ]  Foreign Clearance

[ ]  Human Subjects

[ ]  Government Property

[x]  Animal Assurance

[x]  COR Training Certificate

**M. PLANNING SCHEDULE:**

|  |  |  |  |
| --- | --- | --- | --- |
| N. CONCURRING OR APPROVING | Name (Typed) | Signature | Date |
| 1.toporolename |  |  |
| 2. Contract Specialist/Contracting Officer, OA |  |  |
| cporolename |  |  |
| 4.bcrolename | branchchief |  |  |
| 5. Director/Deputy Director, DMID | director |  |  |
| 6. Administrative Officer | administrativeofficer |  |  |
| 7. OA Team Leader | oateamleader |  |  |
| 8. OA Branch Chief | oabranchchief |  |  |

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